•	• •			Application or Docket Number								
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 /0/570578												
CLAIMS AS FILED - PART I (Column 1) (Column:2)									NTITY	·OR		
TC	TAL CLAIMS	•	. 1				RA	TE	FEE]	RATE	FEE
FO	R .		NUMBER FILED		NUMBER EXTRA		BASI	C FEE	385.00	OR	BASIC FEE	920
TOTAL CHARGEABLE CLAIMS			minus 20≈		•		XS 9=			OR	X\$18=	
INDEPENDENT CLAIMS			mi	nus 3 =	•			X43=		OB	X86=	
		IDENT CLAIM P	٨		-145=		· ·	OR	-290=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	920
		• ,	•	SMALL ENTITY (Column 1) (Column 2) (Column 2) (Column 3) (Column 4) (Column 3) (Column 4) (Column 4) (Column 5) (Column 5) (Column 6) (Column 6) (Column 6) (Column 7) (Column 7) (Column 7) (Column 8) (Column 8) (Column 1) (Column 1) (Column 1) (Column 2) (Column 3) (Column 3) (Column 6) (Column 6) (Column 6) (Column 7) (Column 7) (Column 8) (Column 8) (Column 9) (Column 1) (Column 2) (Column 3) (Column 3) (Column 6) (Column 6) (Column 6) (Column 7) (Column 7) (Column 8) (Column 8) (Column 1) (Column 1) (Column 1) (Column 1) (Column 2) (Column 3) (Column 3) (Column 6) (Column 6) (Column 6) (Column 7) (Column 8) (Column 8) (Column 8) (Column 8) (Column 1) (Column 2) (Column 1) (Column 2) (Column 1) (Column 2) (Column 1) (Column 2) (Column 1) (Column 1) (Column 1) (Column 2) (Column 2) (Column 3) (Column 3) (Column 3) (Column 4) (Column 4) (Col								
(Column 1) (Column 2) (Column 3)							SM	ALL	ENTITY	OR	SMALL	
AMENDMENT A	7/1/4	CLAIMS REMAINING AFTER	·	PREVE	BER		RA	TE	TIONAL		RATE	TIONAL
	Total	• I	Minus				xs	9=		OR	XS18=	
AENI	Independent	• /	Minus	3			X4	X43=		OR	X86=	
¥	FIRST PRESE	NTATION OF MI	ULTIPLE DEPENDENT CLAIM				414				+290=	
•		TOTAL OR ADDIT. FEE OR ADDIT. FEE										
											ADDIT. PEE!	
		(Column 1) CLAIMS	HIGHEST				<u>י</u> ר		ADDI-			ADDI-
AMENDMENT 9	44/66			PREVI	DUSLY		RATE				RATE	
	Total	AMENDMENT	Minus	PAID		-	xs	9=	, , ,	OB	X\$18≖	
	Ingependent	• 1	Minus		3	£	X4	3=			X86=	
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-				.000	
									•			
	(Column 1) (Column 2) (Column 3)							•				<u>.</u>
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT			BER OUSLY	PRESENT EXTRA	RA	TE ·	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total	• Americanesti	Minus	*		a .	X\$	9=		OR	X\$18=	
KEN	tndependent	•	Minus			= ·	X4	3=		OR	X86=	
Ž	FIRST PRESE	NTATION OF M	ULTIPLE DE	LTIPLE DEPENDENT CL			-				. 200-	
					• ••• • • •	hema 3	+14			ОЯ	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
-			aid Carl IN The	C CDACE	ic love the	in 3 enter 3 °		•	•		•	

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